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Gouvernement
Publications

Medically Assisted Procreation

Medically assisted procreation is perhaps one of the best examples of the challenge posed by the development of medical science and the resulting conflict for the law. In its working paper 65, *Medically Assisted Procreation* being released today, the Law Reform Commission of Canada has presented its proposals in the form of **22 recommendations** on some of the issues involved in this new area of challenge for law. The following are some highlights:

- **Access** to medically assisted procreation technologies should be limited only in terms of the cost and scarcity. In addition, **legislation** governing access to medically assisted procreation technologies should respect the right to equality.
- The **commercialization** of donated gametes and embryos must be **prohibited outright**. Allowing gametes and embryos in the consumer market would constitute a direct assault on human dignity.
- Agreements that call for the use of a surrogacy (**surrogacy contracts**) should not be recognized in law. This conclusion is consistent with the existing principles of contract and family law.
- The Commission is of the opinion that acting as a **paid intermediary** in surrogacy contracts should be a **criminal offence**. Commercialized surrogacy is seen by the majority of Commissioners as a form of baby selling that should be prohibited.
- Gamete and embryo banks should not be permitted to operate on a profit basis. It is believed that competition between banks may lead to eugenic practices.
- Before conceiving embryos for future personal use, the person or persons with control should be **required to make a written statement of intentions** as to the fate of the embryos in circumstances of the death of a person in control, abandonment of the parental project, expiry of the time limit on freezing, or a divorce or other dispute between the persons with control.
- Uniform and mandatory standards for the selection, screening and storage of gametes and embryos should be developed at the national level.
- The federal government should take the initiative in establishing a **national regulatory agency** on medically assisted procreation.

Copies of working paper 65 are available at a cost of \$34.95 each from Canada Communication Group - Publishing, Ottawa, Ontario K1A 0S9, Telephone (819) 956-4802, Fax: (819) 994-1498.

- 30 -

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La procréation médicalement assistée


La procréation médicalement assistée constitue probablement l'un des plus beaux exemples du défi que pose le développement de la science médicale et des tensions qui en résultent pour le droit. Le document de travail n° 65 de la Commission de réforme du droit du Canada, intitulé *La procréation médicalement assistée*, présente, sous la forme de **22 recommandations**, les propositions de la Commission à l'égard de quelques-unes des questions que pose au droit cette nouvelle technologie; en voici les points saillants :

- L'accès à la procréatique ne devrait être limité qu'en fonction du coût et de la rareté des ressources. De plus, la législation régissant l'accès aux différentes techniques devrait respecter les droits à l'égalité.
- La commercialisation du don de gamètes ou d'embryons doit être **complètement prohibée**. Ce serait en effet attaquer directement la dignité humaine que de traiter l'embryon comme une chose pouvant faire l'objet d'un commerce.
- Les ententes de maternité de substitution ne devraient en aucun cas être reconnues en droit. Cette conclusion est conforme aux principes du droit des contrats et du droit de la famille.
- La Commission estime que l'intervention rémunérée d'un intermédiaire dans la conclusion d'un contrat de maternité de substitution devrait constituer une **infraction criminelle**. Pour la majorité des commissaires, en effet, la maternité de substitution à titre onéreux revient à une forme de trafic d'enfants et devrait être interdite.
- Il devrait être interdit aux banques de gamètes ou d'embryons d'exercer leurs activités dans un but lucratif. Nous croyons que la concurrence entre les banques pourrait conduire à certaines formes d'eugénisme.
- Avant la conception d'un embryon, les intéressés devraient être **tenus d'exprimer par écrit leur volonté** quant au sort de l'embryon dans les cas suivants, notamment : décès du ou des titulaires de l'autorité sur l'embryon, abandon du projet parental, expiration du délai de congélation, divorce ou conflit entre les titulaires de l'autorité.
- Des normes contraignantes et uniformes de sélection, de dépistage et de conservation à l'égard des donneurs, des gamètes et des embryons devraient être élaborées à l'échelle nationale.
- Le gouvernement fédéral devrait prendre l'initiative d'établir un **organisme national de réglementation** en matière de procréation médicalement assistée.

On peut obtenir un exemplaire du document de travail n° 65, au prix de 34,95 \$ l'unité, en s'adressant au Groupe Communication Canada - Publication, Ottawa (Ontario) K1A 0S9, téléphone : (819) 956-4802, télécopieur : (819) 994-1498.

- 30 -

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Procurement and Transfer of Human Tissue and Organs

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The law **must** play an important role in regulating the transfer of bone marrow, kidneys, eye tissue, livers, and other organs, tissues and bodily parts for transplants that regularly save human life. In its working paper 66, *Procurement and Transfer of Human Tissue and Organs* being released today, the Law Reform Commission of Canada presents its proposals on some of the issues in this challenging area of medical law and bioethics. The following are some highlights and recommendations:

- **national principles:** it recommends that law and public policy aspire to a safe and adequate, just and efficient, tissue transfer and supply system.
- **gift-of-life ethic:** it affirms altruism (versus commercialism) as a preferred public policy for tissue and organ transfers.
- **organ sales:** it proposes a *Criminal Code* offence for organ sales.
- **human rights:** it calls for the respect of human rights in the donation process, including adherence to express consent principles, special protections for children and mentally disabled persons, and accommodation of religious beliefs.
- **safety:** it proposes amendments in federal law to protect Canadians from contaminated tissues or defective tissue replacement technologies that today flow between provinces and nations.
- **brain death and infants:** it recommends that moribund anencephalic newborns not be designated legally dead for purposes of organ procurement.
- **hospital protocols:** it urges legal reforms to ensure that hospitals adopt protocols for facilitating organ and tissue procurement.
- **biotechnology:** it explores the novel legal implications of genetically engineered human tissues.

Copies of working paper 66 are available at a cost of \$24.95 each (plus shipping, handling and GST) from Canada Communication Group - Publishing, Ottawa, Ontario K1A 0S9; telephone: (819) 956-4802, fax: (819) 994-1498.

- 30 -

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Introduction and Overview of the Project

The first step in the project is to define the scope and objectives. This involves identifying the key areas of focus and the specific goals that the project aims to achieve. Once the scope and objectives are defined, the next step is to develop a detailed project plan. This plan should outline the tasks that need to be completed, the resources required, and the timeline for the project. The project plan should also include a risk management strategy to identify and mitigate potential risks.

Once the project plan is developed, the next step is to implement the project. This involves assigning tasks to team members, monitoring progress, and communicating with stakeholders. It is important to maintain regular communication with stakeholders to ensure that they are kept up-to-date on the project's progress and any changes that may be required. The project should be completed on time and within budget.

After the project is completed, the next step is to evaluate the results. This involves comparing the actual results of the project against the objectives that were defined at the start. It is important to identify any areas where the project did not meet expectations and to determine the reasons for this. The evaluation should also include a review of the project's overall performance and a recommendation for any improvements that can be made for future projects.

Finally, the project should be documented. This involves creating a detailed report that outlines the project's objectives, plan, progress, and results. The report should also include any lessons learned and recommendations for future projects. The project documentation should be stored in a central location where it can be easily accessed by all team members and stakeholders.

In conclusion, the project should be completed on time and within budget, and the results should be evaluated against the objectives. The project should be documented and the lessons learned should be used to improve future projects.

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Prélèvement et utilisation médicale de tissus et d'organes humains

Le droit doit jouer un rôle important dans la réglementation de l'utilisation médicale de la moelle osseuse, des reins, de la cornée, du foie et d'autres organes dont la greffe permet de sauver de nombreuses vies humaines. Dans son document de travail n° 66, *Prélèvement et utilisation médicale de tissus et d'organes humains* qui paraît aujourd'hui, la Commission de réforme du droit du Canada formule un certain nombre de propositions dans ce domaine en plein essor du droit médical et de la bioéthique. Voici quelques-uns des points saillants et des recommandations:

- **objectifs nationaux** : la Commission recommande qu'au plan légal et politique, un régime de prélèvement et d'offre de tissus humains qui soit à la fois sûr, adéquat, équitable et efficace.
- **éthique du don de la vie** : elle préconise une politique en matière d'utilisation médicale des tissus et organes fondée sur l'altruisme (par opposition à la commercialisation).
- **vente d'organes** : elle propose de faire de la vente d'organes une infraction au *Code criminel*.
- **droits de la personne** : elle demande que dans le processus de don d'organes, l'on respecte les droits de la personne, notamment en adhérant aux principes du consentement exprès, en accordant une protection spéciale aux mineurs et aux personnes atteintes de déficience mentale, et en respectant les croyances religieuses.
- **sécurité** : elle propose de modifier la législation fédérale afin de protéger les canadiens contre l'utilisation de tissus contaminés ou contre le recours à des techniques déficientes de remplacement des tissus.
- **mort cérébrale et nouveau-nés** : elle recommande que les nouveau-nés anencéphales ne soient pas légalement présumés morts aux fins de prélèvement d'organes.
- **protocoles hospitaliers** : elle conseille vivement des réformes législatives afin d'amener les hôpitaux à adopter des protocoles pour faciliter le prélèvement d'organes et de tissus.
- **biotechnologie** : elle explore les nouvelles implications juridiques de la manipulation génétique des tissus humains.

On peut obtenir des exemplaires du document de travail n° 66 au prix de 24,95 \$ l'unité (ajouter les frais d'expédition, de manutention et de TPS) en s'adressant au Groupe Communication Canada - Publications, Ottawa, Ontario K1A 0S9, téléphone : (819) 956-4802, télécopieur : (819) 994-1498.

- 30 -

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THE CANADIAN ECONOMY
IN THE 1980S

The Canadian economy in the 1980s was characterized by a period of relative stability and growth, followed by a period of recession and recovery. The economy was largely insulated from the global recession of the early 1980s due to its strong export sector, particularly in the resource industries. However, the economy did experience a period of slow growth and inflation in the mid-1980s, which was followed by a period of recovery in the late 1980s. The Canadian economy was also characterized by a high level of government intervention, particularly in the areas of social welfare and health care. The government also played a significant role in the development of the economy, particularly in the areas of infrastructure and research and development. The Canadian economy was also characterized by a high level of income inequality, which was a result of the high level of government intervention and the high level of income taxes. The Canadian economy was also characterized by a high level of unemployment, which was a result of the high level of government intervention and the high level of income taxes. The Canadian economy was also characterized by a high level of inflation, which was a result of the high level of government intervention and the high level of income taxes. The Canadian economy was also characterized by a high level of government intervention, particularly in the areas of social welfare and health care. The government also played a significant role in the development of the economy, particularly in the areas of infrastructure and research and development. The Canadian economy was also characterized by a high level of income inequality, which was a result of the high level of government intervention and the high level of income taxes. The Canadian economy was also characterized by a high level of unemployment, which was a result of the high level of government intervention and the high level of income taxes. The Canadian economy was also characterized by a high level of inflation, which was a result of the high level of government intervention and the high level of income taxes.

